

No. EL749105867US

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN</b>  <b>PATENT APPLICATION</b>  <input checked="" type="checkbox"/> Declaration <input type="checkbox"/> Declaration Submitted with      Submitted after Initial Initial Filing      Filing (surcharge 37 CFR 1.16(e) required)	Attorney Docket No.	SYP-155
	First Named Inventor	Parker
	<b>COMPLETE IF KNOWN</b>	
	Application Serial Number	Not yet assigned
	Filing Date	Herewith
	Group Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND APPARATUS FOR MASS FINGERPRINTING OF BIOMOLECULES

*(Title of the Invention)*

the specification of which

☒ is attached hereto  
OR☐ was filed on  as United States Application Serial Number or PCT International  
(MM/DD/YYYY)Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent Office all information known by me to be material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.

# Declaration and Power of Attorney for Utility or Design Patent Application

Serial No.

Atty. Docket No.

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## DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c), of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
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Name	Registration Number	Name	Registration Number
Michael J. Bastian	P-47,411	Kurt W. Lockwood	40,704
Steven M. Bauer	31,481	Thomas C. Meyers	36,989
Elias C. Behrakis	P-47,416	Joseph B. Milstein	42,897
John V. Bianco	36,748	David G. Miranda	42,898
Isabelle A.S. Blundell	43,321	Ronda P. Moore	44,244
Maureen A. Bresnahan	44,559	Indranil Mukerji	P-46,944
Michael H. Brodowski	41,640	Edmund R. Pitcher	27,829
Jennifer A. Camacho	43,526	Michael A. Rodriguez	41,274
Joseph A. Capraro, Jr.	36,471	Jamie H. Rose	45,054
John J. Cotter	38,116	R. Stephen Rosenholm	45,283
John V. Forcier	42,545	Christopher W. Stamos	35,370
Steven J. Frank	33,497	Diana M. Steel	43,153
Kia L. Freeman	P-47,577	Joseph P. Sullivan	45,349
Brian M. Gaff	44,691	Robert J. Tosti	35,393
Michael J. Giannetta	42,574	Thomas A. Turano	35,722
Duncan A. Greenhalgh	38,678	Michael J. Twomey	38,349
William G. Guerin	41,047	Christine C. Vito	39,061
Jonathan A. Harris	44,744	Patrick R.H. Waller	41,418
Ira V. Heffan	41,059	Daniel A. Wilson	45,508
Danielle L. Herritt	43,670	Gerald E. Worth	45,238
Douglas J. Kline	35,574	Yin P. Zhang	44,372
John D. Lanza	40,060		

☐ Additional registered practitioners named on supplemental Registered Practitioner Information sheet attached hereto.

Direct all correspondence to:

Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

## Declaration and Power of Attorney for Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

<b>Name of Sole or First Inventor:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Kenneth C.				Parker				
Inventor's Signature		Kenneth C Parker			Date			
		12-19-2000						
Residence	City	Hopkinton	State	MA	Country	USA	Citizenship	USA
Mailing Address		Applied Biosystems, 500 Old Connecticut Path						
Mailing Address (ln. 2)	City	Framingham	State	MA	ZIP	01701	Country	USA
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) attached hereto.								
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence	City		State		Country		Citizenship	
Mailing Address								
Mailing Address (ln. 2)	City		State		ZIP		Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence	City		State		Country		Citizenship	
Mailing Address								
Mailing Address (ln. 2)	City		State		ZIP		Country	